

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90224 004 ***550.00

20061497



06302005 Chg-P CR2E034 (10/03)

4. FEI Number **52-2196984** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARK-HURST, R. CHRISTIAN
4403 VINELAND RD STE B-7
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name Park-Hurst, R. Christian
Street Address (P.O. Box Number is Not Acceptable) 4403 Vineland Rd Ste B-13
City Orlando FL 32811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME RICHARDSON, JEFFREY P
STREET ADDRESS 104 DOVE CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D ☐ Delete
NAME PARK-HURST, R. CHRISTIAN
STREET ADDRESS 104 DOVE CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3505 Pine Ridge Ct
CITY-ST-ZIP Orlando FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____